

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		2					60								
11		0					61								
12		07					62								
13		7					63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	25						TOTAL DEP.								
TOTAL CLAIMS	26						TOTAL CLAIMS								